

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 528**  
**97TH GENERAL ASSEMBLY**

4406H.06C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To repeal sections 324.024, 334.035, 334.735, 335.016, 335.019, 335.036, 335.046, 335.056, 335.086, 337.615, 337.643, 337.645, 338.010, 338.020, 338.059, 338.220, 346.010, and 346.055, RSMo, and to enact in lieu thereof twenty-three new sections relating to the licensing of certain professions.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 324.024, 334.035, 334.735, 335.016, 335.019, 335.036, 335.046, 335.056, 335.086, 337.615, 337.643, 337.645, 338.010, 338.020, 338.059, 338.220, 346.010, and 346.055, RSMo, are repealed and twenty-three new sections enacted in lieu thereof, to be known as sections 316.265, 324.024, 334.035, 334.036, 334.037, 334.735, 335.016, 335.019, 335.036, 335.046, 335.056, 335.086, 337.615, 337.643, 337.645, 338.010, 338.020, 338.059, 338.165, 338.220, 346.010, 346.055, and 1, to read as follows:

**316.265. No employee or employer primarily engaged in the practice of combing, braiding, or curling hair without the use of potentially harmful chemicals shall be subject to the provisions of chapter 329 while working in conjunction with any licensee for any public amusement or entertainment venue as defined in this chapter.**

324.024. 1. Notwithstanding any provision of law to the contrary, every application for a license, certificate, registration, or permit[, or renewal of a license, certificate, registration, or permit] issued in this state shall contain the Social Security number of the applicant. This provision shall not apply to an original application for a license, certificate, registration, or permit submitted by a citizen of a foreign country who has never been issued a Social Security number and who previously has not been licensed by any other state, United States territory, or federal agency. A citizen of a foreign country applying for licensure with the division of

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

8 professional registration shall be required to submit his or her visa or passport identification  
9 number in lieu of the Social Security number.

10 **2. Notwithstanding any provision of law to the contrary, every application for a**  
11 **renewal of a license, certificate, registration, or permit which did not originally contain the**  
12 **Social Security number of the applicant shall contain the Social Security number of the**  
13 **applicant at the first renewal of the license, certificate, registration, or permit.**

14 **3. Following initial application for licensure, certificate, registration, or permit as**  
15 **described in subsection 1 of this section or first renewal application for licensure,**  
16 **certificate, registration, or permit as described in subsection 2 of this section, all**  
17 **subsequent applications shall not contain the Social Security number of the licensee,**  
18 **certificate holder, registrant, or permit holder. All Social Security numbers collected for**  
19 **registered professionals may be maintained on file by the agency in compliance with**  
20 **federal law.**

334.035. Except as otherwise provided in section 334.036, every applicant for a  
2 permanent license as a physician and surgeon shall provide the board with satisfactory evidence  
3 of having successfully completed such postgraduate training in hospitals or medical or  
4 osteopathic colleges as the board may prescribe by rule.

**334.036. 1. For purposes of this section, the following terms shall mean:**

2 **(1) "Assistant physician", any medical school graduate who:**

3 **(a) Is a resident and citizen of the United States or is a legal resident alien;**

4 **(b) Has successfully completed Step 1 and Step 2 of the United States Medical**  
5 **Licensing Examination or the equivalent of such steps of any other board-approved**  
6 **medical licensing examination within the two-year period immediately preceding**  
7 **application for licensure as an assistant physician but in no event more than three years**  
8 **after graduation from a medical college or osteopathic medical college;**

9 **(c) Has not completed an approved postgraduate residency and has successfully**  
10 **completed Step 2 of the United States Medical Licensing Examination or the equivalent of**  
11 **such step of any other board-approved medical licensing examination within the**  
12 **immediately preceding two-year period unless when such two-year anniversary occurs he**  
13 **or she was serving as a resident physician in an accredited residency in the United States**  
14 **and continued to do so within thirty days prior to application for licensure as an assistant**  
15 **physician; and**

16 **(d) Has proficiency in the English language;**

17 **(2) "Assistant physician collaborative practice arrangement", an agreement**  
18 **between a physician and an assistant physician that meets the requirements of this section**  
19 **and section 334.037;**

20           (3) "Medical school graduate", any person who has graduated from a medical  
21 college or osteopathic medical college described in section 334.031.

22           2. (1) An assistant physician collaborative practice arrangement shall limit the  
23 assistant physician to providing only primary care services and only in medically  
24 underserved rural or urban areas of this state or in any pilot project areas established in  
25 which assistant physicians may practice.

26           (2) For a physician-assistant physician team working in a rural health clinic under  
27 the federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

28           (a) An assistant physician shall be considered a physician assistant for purposes of  
29 regulations of the Centers for Medicare and Medicaid Services (CMS); and

30           (b) No supervision requirements in addition to the minimum federal law shall be  
31 required.

32           3. (1) For purposes of this section, the licensure of assistant physicians shall take  
33 place within processes established by rules of the state board of registration for the healing  
34 arts. The board of healing arts is authorized to establish rules under chapter 536  
35 establishing licensure and renewal procedures, supervision, collaborative practice  
36 arrangements, fees, and addressing such other matters as are necessary to protect the  
37 public and discipline the profession. An application for licensure may be denied or the  
38 licensure of an assistant physician may be suspended or revoked by the board in the same  
39 manner and for violation of the standards as set forth by section 334.100, or such other  
40 standards of conduct set by the board by rule.

41           (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is  
42 created under the authority delegated in this section shall become effective only if it  
43 complies with and is subject to all of the provisions of chapter 536 and, if applicable,  
44 section 536.028. This section and chapter 536 are nonseverable, and if any of the powers  
45 vested with the general assembly under chapter 536 to review, to delay the effective date,  
46 or to disapprove and annul a rule are subsequently held unconstitutional, then the grant  
47 of rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be  
48 invalid and void.

49           4. An assistant physician shall clearly identify himself or herself as an assistant  
50 physician and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant  
51 physician shall practice or attempt to practice without an assistant physician collaborative  
52 practice arrangement, except as otherwise provided in this section and in an emergency  
53 situation.

54           **5. The collaborating physician is responsible at all times for the oversight of the**  
55 **activities of and accepts responsibility for primary care services rendered by the assistant**  
56 **physician.**

57           **6. The provisions of section 334.037 shall apply to all assistant physician**  
58 **collaborative practice arrangements. To be eligible to practice as an assistant physician,**  
59 **a licensed assistant physician shall enter into an assistant physician collaborative practice**  
60 **arrangement within six months of his or her initial licensure and shall not have more than**  
61 **a six-month time period between collaborative practice arrangements during his or her**  
62 **licensure period. Any renewal of licensure under this section shall include verification of**  
63 **actual practice under a collaborative practice arrangement in accordance with this**  
64 **subsection during the immediately preceding licensure period.**

**334.037. 1. A physician may enter into collaborative practice arrangements with**  
2 **assistant physicians. Collaborative practice arrangements shall be in the form of written**  
3 **agreements, jointly agreed-upon protocols, or standing orders for the delivery of health**  
4 **care services. Collaborative practice arrangements, which shall be in writing, may delegate**  
5 **to an assistant physician the authority to administer or dispense drugs and provide**  
6 **treatment as long as the delivery of such health care services is within the scope of practice**  
7 **of the assistant physician and is consistent with that assistant physician's skill, training,**  
8 **and competence and the skill and training of the collaborating physician.**

9           **2. The written collaborative practice arrangement shall contain at least the**  
10 **following provisions:**

11           **(1) Complete names, home and business addresses, zip codes, and telephone**  
12 **numbers of the collaborating physician and the assistant physician;**

13           **(2) A list of all other offices or locations besides those listed in subdivision (1) of this**  
14 **subsection where the collaborating physician authorized the assistant physician to**  
15 **prescribe;**

16           **(3) A requirement that there shall be posted at every office where the assistant**  
17 **physician is authorized to prescribe, in collaboration with a physician, a prominently**  
18 **displayed disclosure statement informing patients that they may be seen by an assistant**  
19 **physician and have the right to see the collaborating physician;**

20           **(4) All specialty or board certifications of the collaborating physician and all**  
21 **certifications of the assistant physician;**

22           **(5) The manner of collaboration between the collaborating physician and the**  
23 **assistant physician including how the collaborating physician and the assistant physician**  
24 **shall:**

25 (a) Engage in collaborative practice consistent with each professional's skill,  
26 training, education, and competence;

27 (b) Maintain geographic proximity; except, the collaborative practice arrangement  
28 may allow for geographic proximity to be waived for a maximum of twenty-eight days per  
29 calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative  
30 practice arrangement includes alternative plans as required in paragraph (c) of this  
31 subdivision. Such exception to geographic proximity shall apply only to independent rural  
32 health clinics, provider-based rural health clinics if the provider is a critical access hospital  
33 as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the  
34 main location of the hospital sponsor is greater than fifty miles from the clinic. The  
35 collaborating physician shall maintain documentation related to such requirement and  
36 present it to the state board of registration for the healing arts when requested; and

37 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the  
38 collaborating physician;

39 (6) A description of the assistant physician's controlled substance prescriptive  
40 authority in collaboration with the physician including a list of the controlled substances  
41 the physician authorizes the assistant physician to prescribe and documentation that it is  
42 consistent with each professional's education, knowledge, skill, and competence;

43 (7) A list of all other written practice agreements of the collaborating physician and  
44 the assistant physician;

45 (8) The duration of the written practice agreement between the collaborating  
46 physician and the assistant physician;

47 (9) A description of the time and manner of the collaborating physician's review  
48 of the assistant physician's delivery of health care services. The description shall include  
49 provisions that the assistant physician shall submit a minimum of ten percent of the charts  
50 documenting the assistant physician's delivery of health care services to the collaborating  
51 physician for review by the collaborating physician, or any other physician designated in  
52 the collaborative practice arrangement, every fourteen days; and

53 (10) The collaborating physician, or any other physician designated in the  
54 collaborative practice arrangement, shall review every fourteen days a minimum of twenty  
55 percent of the charts in which the assistant physician prescribes controlled substances. The  
56 charts reviewed under this subdivision may be counted in the number of charts required  
57 to be reviewed under subdivision (9) of this subsection.

58 3. The state board of registration for the healing arts under section 334.125 shall  
59 promulgate rules regulating the use of collaborative practice arrangements for assistant  
60 physicians. Such rules shall specify:

- 61           **(1) Geographic areas to be covered;**  
62           **(2) The methods of treatment that may be covered by collaborative practice**  
63 **arrangements;**  
64           **(3) In conjunction with deans of medical schools and primary care residency**  
65 **program directors in the state, the development and implementation of educational**  
66 **methods and programs undertaken during the collaborative practice service which shall**  
67 **facilitate the advancement of the assistant physician's medical knowledge and capabilities**  
68 **and which may lead to credit toward a future residency program for programs that deem**  
69 **such documented educational achievements acceptable; and**  
70           **(4) The requirements for review of services provided under collaborative practice**  
71 **arrangements including delegating authority to prescribe controlled substances.**

72

73 **Any rules relating to dispensing or distribution of medications or devices by prescription**  
74 **or prescription drug orders under this section shall be subject to the approval of the state**  
75 **board of pharmacy. Any rules relating to dispensing or distribution of controlled**  
76 **substances by prescription or prescription drug orders under this section shall be subject**  
77 **to the approval of the department of health and senior services and the state board of**  
78 **pharmacy. The state board of registration for the healing arts shall promulgate rules**  
79 **applicable to assistant physicians that shall be consistent with guidelines for federally**  
80 **funded clinics. The rulemaking authority granted in this subsection shall not extend to**  
81 **collaborative practice arrangements of hospital employees providing inpatient care within**  
82 **hospitals as defined in chapter 197 or population-based public health services as defined**  
83 **by 20 CSR 2150-5.100 as of April 30, 2008.**

84           **4. The state board of registration for the healing arts shall not deny, revoke,**  
85 **suspend, or otherwise take disciplinary action against a collaborating physician for health**  
86 **care services delegated to an assistant physician provided the provisions of this section and**  
87 **the rules promulgated thereunder are satisfied.**

88           **5. Within thirty days of any change and on each renewal, the state board of**  
89 **registration for the healing arts shall require every physician to identify whether the**  
90 **physician is engaged in any collaborative practice arrangement including collaborative**  
91 **practice arrangements delegating the authority to prescribe controlled substances and also**  
92 **report to the board the name of each assistant physician with whom the physician has**  
93 **entered into such arrangement. The board may make such information available to the**  
94 **public. The board shall track the reported information and may routinely conduct random**  
95 **reviews of such arrangements to ensure that arrangements are carried out for compliance**  
96 **under this chapter.**

97           **6. A collaborating physician shall not enter into a collaborative practice**  
98 **arrangement with more than three full-time equivalent assistant physicians. Such**  
99 **limitation shall not apply to collaborative arrangements of hospital employees providing**  
100 **inpatient care service in hospitals as defined in chapter 197 or population-based public**  
101 **health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.**

102           **7. The collaborating physician shall determine and document the completion of at**  
103 **least a one-month period of time during which the assistant physician shall practice with**  
104 **the collaborating physician continuously present before practicing in a setting where the**  
105 **collaborating physician is not continuously present. Such limitation shall not apply to**  
106 **collaborative arrangements of providers of population-based public health services as**  
107 **defined by 20 CSR 2150-5.100 as of April 30, 2008.**

108           **8. No agreement made under this section shall supersede current hospital licensing**  
109 **regulations governing hospital medication orders under protocols or standing orders for**  
110 **the purpose of delivering inpatient or emergency care within a hospital as defined in**  
111 **section 197.020 if such protocols or standing orders have been approved by the hospital's**  
112 **medical staff and pharmaceutical therapeutics committee.**

113           **9. No contract or other agreement shall require a physician to act as a collaborating**  
114 **physician for an assistant physician against the physician's will. A physician shall have the**  
115 **right to refuse to act as a collaborating physician, without penalty, for a particular**  
116 **assistant physician. No contract or other agreement shall limit the collaborating**  
117 **physician's ultimate authority over any protocols or standing orders or in the delegation**  
118 **of the physician's authority to any assistant physician, but such requirement shall not**  
119 **authorize a physician in implementing such protocols, standing orders, or delegation to**  
120 **violate applicable standards for safe medical practice established by a hospital's medical**  
121 **staff.**

122           **10. No contract or other agreement shall require any assistant physician to serve**  
123 **as a collaborating assistant physician for any collaborating physician against the assistant**  
124 **physician's will. An assistant physician shall have the right to refuse to collaborate,**  
125 **without penalty, with a particular physician.**

126           **11. All collaborating physicians and assistant physicians in collaborative practice**  
127 **arrangements shall wear identification badges while acting within the scope of their**  
128 **collaborative practice arrangement. The identification badges shall prominently display**  
129 **the licensure status of such collaborating physicians and assistant physicians.**

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

2           (1) "Applicant", any individual who seeks to become licensed as a physician assistant;

3           (2) "Certification" or "registration", a process by a certifying entity that grants  
4 recognition to applicants meeting predetermined qualifications specified by such certifying  
5 entity;

6           (3) "Certifying entity", the nongovernmental agency or association which certifies or  
7 registers individuals who have completed academic and training requirements;

8           (4) "Department", the department of insurance, financial institutions and professional  
9 registration or a designated agency thereof;

10          (5) "License", a document issued to an applicant by the board acknowledging that the  
11 applicant is entitled to practice as a physician assistant;

12          (6) "Physician assistant", a person who has graduated from a physician assistant program  
13 accredited by the American Medical Association's Committee on Allied Health Education and  
14 Accreditation or by its successor agency, who has passed the certifying examination administered  
15 by the National Commission on Certification of Physician Assistants and has active certification  
16 by the National Commission on Certification of Physician Assistants who provides health care  
17 services delegated by a licensed physician. A person who has been employed as a physician  
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on  
19 Certification of Physician Assistants examination, and has active certification of the National  
20 Commission on Certification of Physician Assistants;

21          (7) "Recognition", the formal process of becoming a certifying entity as required by the  
22 provisions of sections 334.735 to 334.749;

23          (8) "Supervision", control exercised over a physician assistant working with a  
24 supervising physician and oversight of the activities of and accepting responsibility for the  
25 physician assistant's delivery of care. The physician assistant shall only practice at a location  
26 where the physician routinely provides patient care, except existing patients of the supervising  
27 physician in the patient's home and correctional facilities. The supervising physician must be  
28 immediately available in person or via telecommunication during the time the physician assistant  
29 is providing patient care. Prior to commencing practice, the supervising physician and physician  
30 assistant shall attest on a form provided by the board that the physician shall provide supervision  
31 appropriate to the physician assistant's training and that the physician assistant shall not practice  
32 beyond the physician assistant's training and experience. Appropriate supervision shall require  
33 the supervising physician to be working within the same facility as the physician assistant for at  
34 least four hours within one calendar day for every fourteen days on which the physician assistant  
35 provides patient care as described in subsection 3 of this section. Only days in which the  
36 physician assistant provides patient care as described in subsection 3 of this section shall be  
37 counted toward the fourteen-day period. The requirement of appropriate supervision shall be  
38 applied so that no more than thirteen calendar days in which a physician assistant provides

39 patient care shall pass between the physician's four hours working within the same facility. The  
40 board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the  
41 physician assistant activity by the supervising physician and the physician assistant.

42 2. (1) A supervision agreement shall limit the physician assistant to practice only at  
43 locations described in subdivision (8) of subsection 1 of this section, where the supervising  
44 physician is no further than fifty miles by road using the most direct route available and where  
45 the location is not so situated as to create an impediment to effective intervention and  
46 supervision of patient care or adequate review of services.

47 (2) For a physician-physician assistant team working in a rural health clinic under the  
48 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements  
49 in addition to the minimum federal law shall be required.

50 3. The scope of practice of a physician assistant shall consist only of the following  
51 services and procedures:

52 (1) Taking patient histories;

53 (2) Performing physical examinations of a patient;

54 (3) Performing or assisting in the performance of routine office laboratory and patient  
55 screening procedures;

56 (4) Performing routine therapeutic procedures;

57 (5) Recording diagnostic impressions and evaluating situations calling for attention of  
58 a physician to institute treatment procedures;

59 (6) Instructing and counseling patients regarding mental and physical health using  
60 procedures reviewed and approved by a licensed physician;

61 (7) Assisting the supervising physician in institutional settings, including reviewing of  
62 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and  
63 ordering of therapies, using procedures reviewed and approved by a licensed physician;

64 (8) Assisting in surgery;

65 (9) Performing such other tasks not prohibited by law under the supervision of a licensed  
66 physician as the physician's assistant has been trained and is proficient to perform; and

67 (10) Physician assistants shall not perform or prescribe abortions.

68 4. Physician assistants shall not prescribe nor dispense any drug, medicine, device or  
69 therapy unless pursuant to a physician supervision agreement in accordance with the law, nor  
70 prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the  
71 measurement of visual power or visual efficiency of the human eye, nor administer or monitor  
72 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.  
73 Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant  
74 shall be pursuant to a physician assistant supervision agreement which is specific to the clinical

75 conditions treated by the supervising physician and the physician assistant shall be subject to the  
76 following:

77 (1) A physician assistant shall only prescribe controlled substances in accordance with  
78 section 334.747;

79 (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a  
80 physician assistant shall be consistent with the scopes of practice of the physician assistant and  
81 the supervising physician;

82 (3) All prescriptions shall conform with state and federal laws and regulations and shall  
83 include the name, address and telephone number of the physician assistant and the supervising  
84 physician;

85 (4) A physician assistant, or advanced practice registered nurse as defined in section  
86 335.016 may request, receive and sign for noncontrolled professional samples and may distribute  
87 professional samples to patients;

88 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies  
89 the supervising physician is not qualified or authorized to prescribe; and

90 (6) A physician assistant may only dispense starter doses of medication to cover a period  
91 of time for seventy-two hours or less.

92 5. A physician assistant shall clearly identify himself or herself as a physician assistant  
93 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."  
94 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician  
95 assistant shall practice or attempt to practice without physician supervision or in any location  
96 where the supervising physician is not immediately available for consultation, assistance and  
97 intervention, except as otherwise provided in this section, and in an emergency situation, nor  
98 shall any physician assistant bill a patient independently or directly for any services or procedure  
99 by the physician assistant; **however, this shall not be construed to prohibit a physician**  
100 **assistant from enrolling with the department of social services as a Medicaid provider**  
101 **while acting under a supervision agreement between the physician and physician assistant.**

102 6. For purposes of this section, the licensing of physician assistants shall take place  
103 within processes established by the state board of registration for the healing arts through rule  
104 and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536  
105 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and  
106 addressing such other matters as are necessary to protect the public and discipline the profession.  
107 An application for licensing may be denied or the license of a physician assistant may be  
108 suspended or revoked by the board in the same manner and for violation of the standards as set  
109 forth by section 334.100, or such other standards of conduct set by the board by rule or  
110 regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to

111 be licensed as physician assistants. All applicants for physician assistant licensure who complete  
112 a physician assistant training program after January 1, 2008, shall have a master's degree from  
113 a physician assistant program.

114 7. "Physician assistant supervision agreement" means a written agreement, jointly  
115 agreed-upon protocols or standing order between a supervising physician and a physician  
116 assistant, which provides for the delegation of health care services from a supervising physician  
117 to a physician assistant and the review of such services. The agreement shall contain at least the  
118 following provisions:

119 (1) Complete names, home and business addresses, zip codes, telephone numbers, and  
120 state license numbers of the supervising physician and the physician assistant;

121 (2) A list of all offices or locations where the physician routinely provides patient care,  
122 and in which of such offices or locations the supervising physician has authorized the physician  
123 assistant to practice;

124 (3) All specialty or board certifications of the supervising physician;

125 (4) The manner of supervision between the supervising physician and the physician  
126 assistant, including how the supervising physician and the physician assistant shall:

127 (a) Attest on a form provided by the board that the physician shall provide supervision  
128 appropriate to the physician assistant's training and experience and that the physician assistant  
129 shall not practice beyond the scope of the physician assistant's training and experience nor the  
130 supervising physician's capabilities and training; and

131 (b) Provide coverage during absence, incapacity, infirmity, or emergency by the  
132 supervising physician;

133 (5) The duration of the supervision agreement between the supervising physician and  
134 physician assistant; and

135 (6) A description of the time and manner of the supervising physician's review of the  
136 physician assistant's delivery of health care services. Such description shall include provisions  
137 that the supervising physician, or a designated supervising physician listed in the supervision  
138 agreement review a minimum of ten percent of the charts of the physician assistant's delivery of  
139 health care services every fourteen days.

140 8. When a physician assistant supervision agreement is utilized to provide health care  
141 services for conditions other than acute self-limited or well-defined problems, the supervising  
142 physician or other physician designated in the supervision agreement shall see the patient for  
143 evaluation and approve or formulate the plan of treatment for new or significantly changed  
144 conditions as soon as practical, but in no case more than two weeks after the patient has been  
145 seen by the physician assistant.

146 9. At all times the physician is responsible for the oversight of the activities of, and  
147 accepts responsibility for, health care services rendered by the physician assistant.

148 10. It is the responsibility of the supervising physician to determine and document the  
149 completion of at least a one-month period of time during which the licensed physician assistant  
150 shall practice with a supervising physician continuously present before practicing in a setting  
151 where a supervising physician is not continuously present.

152 11. No contract or other agreement shall require a physician to act as a supervising  
153 physician for a physician assistant against the physician's will. A physician shall have the right  
154 to refuse to act as a supervising physician, without penalty, for a particular physician assistant.  
155 No contract or other agreement shall limit the supervising physician's ultimate authority over any  
156 protocols or standing orders or in the delegation of the physician's authority to any physician  
157 assistant, but this requirement shall not authorize a physician in implementing such protocols,  
158 standing orders, or delegation to violate applicable standards for safe medical practice  
159 established by the hospital's medical staff.

160 12. Physician assistants shall file with the board a copy of their supervising physician  
161 form.

162 13. No physician shall be designated to serve as supervising physician for more than  
163 three full-time equivalent licensed physician assistants. This limitation shall not apply to  
164 physician assistant agreements of hospital employees providing inpatient care service in hospitals  
165 as defined in chapter 197.

335.016. As used in this chapter, unless the context clearly requires otherwise, the  
2 following words and terms mean:

3 (1) "Accredited", the official authorization or status granted by an agency for a program  
4 through a voluntary process;

5 (2) "Advanced practice registered nurse", a [nurse] **person licensed pursuant to the**  
6 **provisions of this chapter and authorized to engage in the practice of advanced practice**  
7 **professional nursing and** who has education beyond the basic nursing education and is certified  
8 by a nationally recognized professional organization as a certified nurse practitioner, certified  
9 nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist. The  
10 board shall promulgate rules specifying which nationally recognized professional organization  
11 certifications are to be recognized for the purposes of this section. Advanced practice nurses and  
12 only such individuals may use the title "Advanced Practice Registered Nurse" and the  
13 abbreviation "APRN". **Each APRN is accountable for:**

14 (a) **Complying with the requirements of sections 335.011 to 335.096, the nursing**  
15 **practice act, and the quality of advanced nursing care rendered;**

- 16           **(b) Consulting with or referring patients, as appropriate, to other health care**  
17 **providers; and**
- 18           **(c) Recognizing the scope of APRN practice and its boundaries;**
- 19           **(3) "Advanced practice registered nursing", the performance of advanced nursing**  
20 **with or without compensation that requires advanced education and specialized training**  
21 **to enable enhanced judgment and skill within such scope of training for patient care and**  
22 **includes, but is not limited to, the performance of acts in accordance with the registered**  
23 **professional nursing scope of practice and the following:**
- 24           **(a) Patient assessment that leads to advanced diagnosis within the scope;**
- 25           **(b) Ordering diagnostic and therapeutic tests and procedures;**
- 26           **(c) Performing tests and procedures within the scope of practice and interpreting**  
27 **and using results to further patient care;**
- 28           **(d) Ordering treatments, appropriate medical devices and using nursing, medical,**  
29 **therapeutic, and corrective measures to treat illness and improve health status;**
- 30           **(e) Providing palliative and end-of-life advanced nursing care;**
- 31           **(f) Providing advanced counseling, patient education, health education, and patient**  
32 **advocacy;**
- 33           **(g) Ordering appropriate medications in accordance with prescriptive authority;**
- 34           **(h) Delegating selected nursing activities or tasks to licensed practical nurses,**  
35 **registered professional nurses, or other health care providers;**
- 36           **(i) Providing primary provider services for patient care; and**
- 37           **(j) Planning and initiating a therapeutic medical regimen as well as nutritional,**  
38 **diagnostic, and supportive services including, but not limited to, home health care, hospice,**  
39 **and therapy services;**
- 40           **(4) "Approval", official recognition of nursing education programs which meet standards**  
41 **established by the board of nursing;**
- 42           **[(4)] (5) "Board" or "state board", the state board of nursing;**
- 43           **[(5)] (6) "Certified clinical nurse specialist", a registered nurse who is currently certified**  
44 **as a clinical nurse specialist by a nationally recognized certifying board approved by the board**  
45 **of nursing;**
- 46           **[(6)] (7) "Certified nurse midwife", a registered nurse who is currently certified as a**  
47 **nurse midwife by the American [College of Nurse Midwives] Midwifery Certification Board,**  
48 **or other nationally recognized certifying body approved by the board of nursing;**
- 49           **[(7)] (8) "Certified nurse practitioner", a registered nurse who is currently certified as a**  
50 **nurse practitioner by a nationally recognized certifying body approved by the board of nursing;**

51 [(8)] (9) "Certified registered nurse anesthetist", a registered nurse who is currently  
52 certified as a nurse anesthetist by the [Council on Certification of Nurse Anesthetists, the Council  
53 on] **National Board of Certification and** Recertification [of] for Nurse Anesthetists, or other  
54 nationally recognized certifying body approved by the board of nursing;

55 [(9)] (10) "Executive director", a qualified individual employed by the board as executive  
56 secretary or otherwise to administer the provisions of this chapter under the board's direction.  
57 Such person employed as executive director shall not be a member of the board;

58 [(10)] (11) "Inactive nurse", as defined by rule pursuant to section 335.061;

59 [(11)] (12) "Lapsed license status", as defined by rule under section 335.061;

60 [(12)] (13) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to  
61 the provisions of this chapter to engage in the practice of practical nursing;

62 [(13)] (14) "Licensure", the issuing of a license to practice professional or practical  
63 nursing to candidates who have met the specified requirements and the recording of the names  
64 of those persons as holders of a license to practice professional or practical nursing;

65 [(14)] (15) "Practical nursing", the performance for compensation of selected acts for the  
66 promotion of health and in the care of persons who are ill, injured, or experiencing alterations  
67 in normal health processes. Such performance requires substantial specialized skill, judgment  
68 and knowledge. All such nursing care shall be given under the direction of a person licensed by  
69 a state regulatory board to prescribe medications and treatments or under the direction of a  
70 registered professional nurse. For the purposes of this chapter, the term "direction" shall mean  
71 guidance or supervision provided by a person licensed by a state regulatory board to prescribe  
72 medications and treatments or a registered professional nurse, including, but not limited to, oral,  
73 written, or otherwise communicated orders or directives for patient care. When practical nursing  
74 care is delivered pursuant to the direction of a person licensed by a state regulatory board to  
75 prescribe medications and treatments or under the direction of a registered professional nurse,  
76 such care may be delivered by a licensed practical nurse without direct physical oversight;

77 [(15)] (16) "Professional nursing", the performance for compensation of any act which  
78 requires substantial specialized education, judgment and skill based on knowledge and  
79 application of principles derived from the biological, physical, social and nursing sciences,  
80 including, but not limited to:

81 (a) Responsibility for the teaching of health care and the prevention of illness to the  
82 patient and his or her family;

83 (b) Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill,  
84 injured or experiencing alterations in normal health processes;

85 (c) The administration of medications and treatments as prescribed by a person licensed  
86 by a state regulatory board to prescribe medications and treatments;

87 (d) The coordination and assistance in the delivery of a plan of health care with all  
88 members of a health team;

89 (e) The teaching and supervision of other persons in the performance of any of the  
90 foregoing;

91 [(16)] (17) A "registered professional nurse" or "registered nurse", a person licensed  
92 pursuant to the provisions of this chapter to engage in the practice of professional nursing;

93 [(17)] (18) "Retired license status", any person licensed in this state under this chapter  
94 who retires from such practice. Such person shall file with the board an affidavit, on a form to  
95 be furnished by the board, which states the date on which the licensee retired from such practice,  
96 an intent to retire from the practice for at least two years, and such other facts as tend to verify  
97 the retirement as the board may deem necessary; but if the licensee thereafter reengages in the  
98 practice, the licensee shall renew his or her license with the board as provided by this chapter and  
99 by rule and regulation.

335.019. 1. The board of nursing may grant a certificate of controlled substance  
2 prescriptive authority to an advanced practice registered nurse who:

3 (1) Submits proof of successful completion of an advanced pharmacology course that  
4 shall include preceptorial experience in the prescription of drugs, medicines and therapeutic  
5 devices; and

6 (2) Provides documentation of a minimum of three hundred clock hours preceptorial  
7 experience in the prescription of drugs, medicines, and therapeutic devices with a qualified  
8 preceptor; and

9 (3) Provides evidence of a minimum of one thousand hours of practice in an advanced  
10 practice nursing category prior to application for a certificate of prescriptive authority. The one  
11 thousand hours shall not include clinical hours obtained in the advanced practice nursing  
12 education program. The one thousand hours of practice in an advanced practice nursing category  
13 may include transmitting a prescription order orally or telephonically or to an inpatient medical  
14 record from protocols developed in collaboration with and signed by a licensed physician; and

15 (4) Has a controlled substance prescribing authority delegated in the collaborative  
16 practice arrangement under section 334.104 with a physician who has an unrestricted federal  
17 Drug Enforcement Administration registration number and who is actively engaged in a practice  
18 comparable in scope, specialty, or expertise to that of the advanced practice registered nurse.

19 **2. Excluding controlled substances as defined in section 195.010 (5), all licensed**  
20 **APRNs are authorized to:**

21 **(1) Prescribe, institute and administer medication and medication therapy or make**  
22 **appropriate referrals of patients to health care providers and community resources; and**

23 **(2) Procure, administer, and dispense samples.**

24           **3. The provisions of this section shall not apply to a certified registered nurse**  
25 **anesthetist who provides anesthesia services under subsection 7 of section 334.104.**

335.036. 1. The board shall:

2           (1) Elect for a one-year term a president and a secretary, who shall also be treasurer, and  
3 the board may appoint, employ and fix the compensation of a legal counsel and such board  
4 personnel as defined in subdivision (4) of subsection [10] 11 of section 324.001 as are necessary  
5 to administer the provisions of sections 335.011 to 335.096;

6           (2) Adopt and revise such rules and regulations as may be necessary to enable it to carry  
7 into effect the provisions of sections 335.011 to 335.096;

8           (3) Prescribe minimum standards for [educational] **entry level nursing education**  
9 programs preparing persons for licensure pursuant to the provisions of sections 335.011 to  
10 335.096;

11           (4) Provide for surveys of such programs every five years and in addition at such times  
12 as it may deem necessary;

13           (5) Designate as "approved" such programs as meet the requirements of sections 335.011  
14 to 335.096 and the rules and regulations enacted pursuant to such sections; and the board shall  
15 annually publish a list of such programs;

16           (6) Deny or withdraw approval from educational programs for failure to meet prescribed  
17 minimum standards;

18           (7) Examine, license, and cause to be renewed the licenses of duly qualified applicants;

19           (8) Cause the prosecution of all persons violating provisions of sections 335.011 to  
20 335.096, and may incur such necessary expenses therefor;

21           (9) Keep a record of all the proceedings; and make an annual report to the governor and  
22 to the director of the department of insurance, financial institutions and professional registration;

23           (10) Establish an impaired nurse program.

24           2. The board shall set the amount of the fees which this chapter authorizes and requires  
25 by rules and regulations. The fees shall be set at a level to produce revenue which shall not  
26 substantially exceed the cost and expense of administering this chapter.

27           3. All fees received by the board pursuant to the provisions of sections 335.011 to  
28 335.096 shall be deposited in the state treasury and be placed to the credit of the state board of  
29 nursing fund. All administrative costs and expenses of the board shall be paid from  
30 appropriations made for those purposes. The board is authorized to provide funding for the  
31 nursing education incentive program established in sections 335.200 to 335.203.

32           4. The provisions of section 33.080 to the contrary notwithstanding, money in this fund  
33 shall not be transferred and placed to the credit of general revenue until the amount in the fund  
34 at the end of the biennium exceeds two times the amount of the appropriation from the board's

35 funds for the preceding fiscal year or, if the board requires by rule, permit renewal less frequently  
36 than yearly, then three times the appropriation from the board's funds for the preceding fiscal  
37 year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds  
38 the appropriate multiple of the appropriations from the board's funds for the preceding fiscal  
39 year.

40 5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
41 under the authority delegated in this chapter shall become effective only if it complies with and  
42 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All  
43 rulemaking authority delegated prior to August 28, 1999, is of no force and effect and repealed.  
44 Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or  
45 adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law. This  
46 section and chapter 536 are nonseverable and if any of the powers vested with the general  
47 assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and  
48 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and  
49 any rule proposed or adopted after August 28, 1999, shall be invalid and void.

335.046. 1. An applicant for a license to practice as a registered professional nurse shall  
2 submit to the board a written application on forms furnished to the applicant. The original  
3 application shall contain the applicant's statements showing the applicant's education and other  
4 such pertinent information as the board may require. The applicant shall be of good moral  
5 character and have completed at least the high school course of study, or the equivalent thereof  
6 as determined by the state board of education, and have successfully completed the basic  
7 professional curriculum in an accredited or approved school of nursing and earned a professional  
8 nursing degree or diploma. Each application shall contain a statement that it is made under oath  
9 or affirmation and that its representations are true and correct to the best knowledge and belief  
10 of the person signing same, subject to the penalties of making a false affidavit or declaration.  
11 Applicants from non-English-speaking lands shall be required to submit evidence of proficiency  
12 in the English language. The applicant must be approved by the board and shall pass an  
13 examination as required by the board. The board may require by rule as a requirement for  
14 licensure that each applicant shall pass an oral or practical examination. Upon successfully  
15 passing the examination, the board may issue to the applicant a license to practice nursing as a  
16 registered professional nurse. The applicant for a license to practice registered professional  
17 nursing shall pay a license fee in such amount as set by the board. The fee shall be uniform for  
18 all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

19 2. An applicant for license to practice as a licensed practical nurse shall submit to the  
20 board a written application on forms furnished to the applicant. The original application shall  
21 contain the applicant's statements showing the applicant's education and other such pertinent

22 information as the board may require. Such applicant shall be of good moral character, and have  
23 completed at least two years of high school, or its equivalent as established by the state board of  
24 education, and have successfully completed a basic prescribed curriculum in a state-accredited  
25 or approved school of nursing, earned a nursing degree, certificate or diploma and completed a  
26 course approved by the board on the role of the practical nurse. Each application shall contain  
27 a statement that it is made under oath or affirmation and that its representations are true and  
28 correct to the best knowledge and belief of the person signing same, subject to the penalties of  
29 making a false affidavit or declaration. Applicants from non-English-speaking countries shall  
30 be required to submit evidence of their proficiency in the English language. The applicant must  
31 be approved by the board and shall pass an examination as required by the board. The board may  
32 require by rule as a requirement for licensure that each applicant shall pass an oral or practical  
33 examination. Upon successfully passing the examination, the board may issue to the applicant  
34 a license to practice as a licensed practical nurse. The applicant for a license to practice licensed  
35 practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be  
36 uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by  
37 rule.

38 **3. (1) An applicant for initial licensure to practice as an APRN shall:**

39 **(a) Submit a completed application as established by the board. The application**  
40 **shall contain:**

41 **a. The applicant's statements showing the applicant's education and other such**  
42 **pertinent information as the board may require; and**

43 **b. A statement that the application is made under oath or affirmation and that the**  
44 **representations contained in the application are true and correct to the best knowledge and**  
45 **belief of the person signing same, subject to the penalties of making a false affidavit or**  
46 **declaration;**

47 **(b) Be of good moral character and meet the following educational requirements:**

48 **a. Prior to July 1, 1998, completion of a formal post basic educational program**  
49 **from or formally affiliated with an accredited college, university, or hospital of at least one**  
50 **academic year which includes advanced nursing theory and clinical nursing practice**  
51 **leading to a graduate degree or certificate with a concentration in an advanced practice**  
52 **nursing clinical specialty area;**

53 **b. From and after July 1, 1998, completion of a graduate degree from an accredited**  
54 **college or university with a concentration in an advanced practice nursing clinical specialty**  
55 **area which includes advanced nursing theory and clinical nursing practice;**

56 **c. From and after January 1, 2009, have completed an accredited graduate level**  
57 **APRN program in one of the four roles and at least one population focus;**

58 (c) Be currently certified by a national certifying body recognized by the board in  
59 the APRN role and population foci appropriate to educational preparation;

60 (d) Be approved by the board; and

61 (e) Provide other evidence as required by rule.

62 (2) Applicants from non-English-speaking lands shall be required to submit  
63 evidence of proficiency in the English language and shall be licensed as prescribed by rule.

64 (3) The applicant for a license to practice as an advanced practice registered nurse  
65 shall pay a license fee in such amount as set by the board. The fee shall be uniform for all  
66 applicants.

67 (4) Once an APRN license is issued, the license holder's APRN license and RN  
68 license shall be treated as one license for the purpose of renewal and assessment of renewal  
69 fees.

70 4. Upon refusal of the board to allow any applicant to sit for either the registered  
71 professional nurses' examination or the licensed practical nurses' examination, as the case may  
72 be, the board shall comply with the provisions of section 621.120 and advise the applicant of his  
73 or her right to have a hearing before the administrative hearing commission. The administrative  
74 hearing commission shall hear complaints taken pursuant to section 621.120.

75 [4.] 5. The board shall not deny a license because of sex, religion, race, ethnic origin, age  
76 or political affiliation.

335.056. The license of every person licensed under the provisions of [sections 335.011  
2 to 335.096] **this chapter** shall be renewed as provided. An application for renewal of license  
3 shall be mailed to every person to whom a license was issued or renewed during the current  
4 licensing period. The applicant shall complete the application and return it to the board by the  
5 renewal date with a renewal fee in an amount to be set by the board. The fee shall be uniform  
6 for all applicants. The certificates of renewal shall render the holder thereof a legal practitioner  
7 of nursing for the period stated in the certificate of renewal. Any person who practices nursing  
8 **as an advanced practice registered nurse**, as a registered professional nurse, or as a licensed  
9 practical nurse during the time his **or her** license has lapsed shall be considered an illegal  
10 practitioner and shall be subject to the penalties provided for violation of the provisions of  
11 [sections 335.011 to 335.096] **this chapter**.

335.086. No person, firm, corporation or association shall:

2 (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any  
3 nursing diploma, license, renewal or record or aid or abet therein;

4 (2) Practice professional or practical nursing as defined [by sections 335.011 to 335.096]  
5 **in this chapter** under cover of any diploma, license, or record illegally or fraudulently obtained  
6 or signed or issued unlawfully or under fraudulent representation;

7 (3) Practice [professional nursing or practical] nursing as defined [by sections 335.011  
8 to 335.096] **in this chapter** unless duly licensed to do so under the provisions of [sections  
9 335.011 to 335.096] **this chapter**;

10 (4) Use in connection with his **or her** name any designation tending to imply that he **or**  
11 **she** is a licensed **advanced practice registered nurse**, a registered professional nurse, or a  
12 licensed practical nurse unless duly licensed so to practice under the provisions of [sections  
13 335.011 to 335.096] **this chapter**;

14 (5) Practice [professional nursing or practical] nursing during the time his **or her** license  
15 issued under the provisions of [sections 335.011 to 335.096] **this chapter** shall be suspended or  
16 revoked; or

17 (6) Conduct a nursing education program for the preparation of professional or practical  
18 nurses unless the program has been accredited by the board.

337.615. 1. Each applicant for licensure as a clinical social worker shall furnish  
2 evidence to the committee that:

3 (1) The applicant has a master's degree from a college or university program of social  
4 work accredited by the council of social work education or a doctorate degree from a school of  
5 social work acceptable to the committee;

6 (2) The applicant has completed **at least** three thousand hours of supervised clinical  
7 experience with a qualified clinical supervisor, as defined in section 337.600, in no less than  
8 twenty-four months and no more than forty-eight consecutive calendar months. **For any**  
9 **applicant who has successfully completed at least four thousand hours of supervised**  
10 **clinical experience with a qualified clinical supervisor, as defined in section 337.600, within**  
11 **the same time frame prescribed in this subsection, the applicant shall be eligible for**  
12 **application of licensure at three thousand hours and shall be furnished a certificate by the**  
13 **state committee for social workers acknowledging the completion of said additional hours**;

14 (3) The applicant has achieved a passing score, as defined by the committee, on an  
15 examination approved by the committee. The eligibility requirements for such examination shall  
16 be promulgated by rule of the committee;

17 (4) The applicant is at least eighteen years of age, is of good moral character, is a United  
18 States citizen or has status as a legal resident alien, and has not been convicted of a felony during  
19 the ten years immediately prior to application for licensure.

20 2. Any person holding a current license, certificate of registration, or permit from another  
21 state or territory of the United States or the District of Columbia to practice clinical social work  
22 who has had no disciplinary action taken against the license, certificate of registration, or permit  
23 for the preceding five years may be granted a license to practice clinical social work in this state  
24 if the person meets one of the following criteria:

25 (1) Has received a masters or doctoral degree from a college or university program of  
26 social work accredited by the council of social work education and has been licensed to practice  
27 clinical social work for the preceding five years; or

28 (2) Is currently licensed or certified as a clinical social worker in another state, territory  
29 of the United States, or the District of Columbia having substantially the same requirements as  
30 this state for clinical social workers.

31 3. The committee shall issue a license to each person who files an application and fee  
32 as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence  
33 satisfactory to the committee that the applicant has complied with the provisions of subdivisions  
34 (1) to (4) of subsection 1 of this section or with the provisions of subsection 2 of this section.

337.643. 1. No person shall use the title of licensed master social worker and engage  
2 in the practice of master social work in this state unless the person is licensed as required by the  
3 provisions of this section and section 337.644.

4 2. A licensed master social worker shall be deemed qualified to practice the applications  
5 of social work theory, knowledge, methods and ethics and the professional use of self to restore  
6 or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families,  
7 groups, organizations, and communities. "Master social work practice" includes the applications  
8 of specialized knowledge and advanced practice skills in the management, information and  
9 referral, counseling, supervision, consultation, education, research, advocacy, community  
10 organization, and the development, implementation, and administration of policies, programs,  
11 and activities. Under supervision as provided in sections 337.600 to 337.689, the practice of  
12 master social work may include the practices reserved to clinical social workers or advanced  
13 macro social workers for no more than forty-eight consecutive calendar months for the purpose  
14 of obtaining licensure under section 337.615 or 337.645. **No licensed master social worker  
15 shall practice independently the scope of practice reserved for clinical social workers or  
16 advanced macro social workers. This shall mean that any practices reserved to licensed  
17 clinical social workers or licensed advanced macro social workers performed by a licensed  
18 master social worker shall be for the purpose of obtaining licensure under section 337.615  
19 or 337.645 in an employment setting where either a licensed clinical social worker or a  
20 licensed advanced macro social worker is a registered supervisor approved by the state  
21 committee for social work.**

337.645. 1. Each applicant for licensure as an advanced macro social worker shall  
2 furnish evidence to the committee that:

3 (1) The applicant has a master's degree from a college or university program of social  
4 work accredited by the council of social work education or a doctorate degree from a school of  
5 social work acceptable to the committee;

6 (2) The applicant has completed **at least** three thousand hours of supervised advanced  
7 macro experience with a qualified advanced macro supervisor as defined in section 337.600 in  
8 no less than twenty-four months and no more than forty-eight consecutive calendar months. **For**  
9 **any applicant who has successfully completed at least four thousand hours of supervised**  
10 **advanced macro experience with a qualified advanced macro supervisor, as defined in**  
11 **section 337.600, within the same time frame prescribed in this subsection, the applicant**  
12 **shall be eligible for application of licensure at three thousand hours and shall be furnished**  
13 **a certificate by the state committee for social workers acknowledging the completion of**  
14 **said additional hours;**

15 (3) The applicant has achieved a passing score, as defined by the committee, on an  
16 examination approved by the committee. The eligibility requirements for such examination shall  
17 be promulgated by rule of the committee;

18 (4) The applicant is at least eighteen years of age, is of good moral character, is a United  
19 States citizen or has status as a legal resident alien, and has not been convicted of a felony during  
20 the ten years immediately prior to application for licensure.

21 2. Any person holding a current license, certificate of registration, or permit from another  
22 state or territory of the United States or the District of Columbia to practice advanced macro  
23 social work who has had no disciplinary action taken against the license, certificate of  
24 registration, or permit for the preceding five years may be granted a license to practice advanced  
25 macro social work in this state if the person meets one of the following criteria:

26 (1) Has received a master's or doctoral degree from a college or university program of  
27 social work accredited by the council of social work education and has been licensed to practice  
28 advanced macro social work for the preceding five years; or

29 (2) Is currently licensed or certified as an advanced macro social worker in another state,  
30 territory of the United States, or the District of Columbia having substantially the same  
31 requirements as this state for advanced macro social workers.

32 3. The committee shall issue a license to each person who files an application and fee  
33 as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence  
34 satisfactory to the committee that the applicant has complied with the provisions of subdivisions  
35 (1) to (4) of subsection 1 of this section or with the provisions of subsection 2 of this section.

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and  
2 evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section  
3 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such  
4 orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan  
5 as defined by the prescription order so long as the prescription order is specific to each patient  
6 for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and

7 devices pursuant to medical prescription orders and administration of viral influenza, pneumonia,  
8 shingles, **hepatitis A, hepatitis B, diphtheria, tetanus, pertussis**, and meningitis vaccines by  
9 written protocol authorized by a physician for persons twelve years of age or older as authorized  
10 by rule or the administration of pneumonia, shingles, **hepatitis A, hepatitis B, diphtheria,**  
11 **tetanus, pertussis**, and meningitis vaccines by written protocol authorized by a physician for a  
12 specific patient as authorized by rule; the participation in drug selection according to state law  
13 and participation in drug utilization reviews; the proper and safe storage of drugs and devices and  
14 the maintenance of proper records thereof; consultation with patients and other health care  
15 practitioners, and veterinarians and their clients about legend drugs, about the safe and effective  
16 use of drugs and devices; and the offering or performing of those acts, services, operations, or  
17 transactions necessary in the conduct, operation, management and control of a pharmacy. No  
18 person shall engage in the practice of pharmacy unless he is licensed under the provisions of this  
19 chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the  
20 direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This  
21 assistance in no way is intended to relieve the pharmacist from his or her responsibilities for  
22 compliance with this chapter and he or she will be responsible for the actions of the auxiliary  
23 personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or  
24 interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary  
25 medicine only for use in animals, or the practice of optometry in accordance with and as  
26 provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or  
27 dispensing of his or her own prescriptions.

28         2. Any pharmacist who accepts a prescription order for a medication therapeutic plan  
29 shall have a written protocol from the physician who refers the patient for medication therapy  
30 services. The written protocol and the prescription order for a medication therapeutic plan shall  
31 come from the physician only, and shall not come from a nurse engaged in a collaborative  
32 practice arrangement under section 334.104, or from a physician assistant engaged in a  
33 supervision agreement under section 334.735.

34         3. Nothing in this section shall be construed as to prevent any person, firm or corporation  
35 from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed  
36 pharmacist is in charge of such pharmacy.

37         4. Nothing in this section shall be construed to apply to or interfere with the sale of  
38 nonprescription drugs and the ordinary household remedies and such drugs or medicines as are  
39 normally sold by those engaged in the sale of general merchandise.

40         5. No health carrier as defined in chapter 376 shall require any physician with which they  
41 contract to enter into a written protocol with a pharmacist for medication therapeutic services.

42

43           6. This section shall not be construed to allow a pharmacist to diagnose or independently  
44 prescribe pharmaceuticals.

45           7. The state board of registration for the healing arts, under section 334.125, and the state  
46 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of  
47 protocols for prescription orders for medication therapy services and administration of viral  
48 influenza vaccines. Such rules shall require protocols to include provisions allowing for timely  
49 communication between the pharmacist and the referring physician, and any other patient  
50 protection provisions deemed appropriate by both boards. In order to take effect, such rules shall  
51 be approved by a majority vote of a quorum of each board. Neither board shall separately  
52 promulgate rules regulating the use of protocols for prescription orders for medication therapy  
53 services and administration of viral influenza vaccines. Any rule or portion of a rule, as that term  
54 is defined in section 536.010, that is created under the authority delegated in this section shall  
55 become effective only if it complies with and is subject to all of the provisions of chapter 536  
56 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of  
57 the powers vested with the general assembly pursuant to chapter 536 to review, to delay the  
58 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the  
59 grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be  
60 invalid and void.

61           8. The state board of pharmacy may grant a certificate of medication therapeutic plan  
62 authority to a licensed pharmacist who submits proof of successful completion of a  
63 board-approved course of academic clinical study beyond a bachelor of science in pharmacy,  
64 including but not limited to clinical assessment skills, from a nationally accredited college or  
65 university, or a certification of equivalence issued by a nationally recognized professional  
66 organization and approved by the board of pharmacy.

67           9. Any pharmacist who has received a certificate of medication therapeutic plan authority  
68 may engage in the designing, initiating, implementing, and monitoring of a medication  
69 therapeutic plan as defined by a prescription order from a physician that is specific to each  
70 patient for care by a pharmacist.

71           10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic  
72 substitution of a pharmaceutical prescribed by a physician unless authorized by the written  
73 protocol or the physician's prescription order.

74           11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary  
75 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or  
76 an equivalent title means a person who has received a doctor's degree in veterinary medicine  
77 from an accredited school of veterinary medicine or holds an Educational Commission for

78 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical  
79 Association (AVMA).

80 **12. In addition to other requirements established by the joint promulgation of rules**  
81 **by the board of pharmacy and the state board of registration for the healing arts:**

82 **(1) A pharmacist shall administer vaccines in accordance with treatment guidelines**  
83 **established by the Centers for Disease Control and Prevention (CDC);**

84 **(2) A pharmacist who is administering a vaccine shall request a patient to remain**  
85 **in the pharmacy a safe amount of time after administering the vaccine to observe any**  
86 **adverse reactions. Such pharmacist shall have adopted emergency treatment protocols;**

87 **(3) In addition to other requirements by the board, a pharmacist shall receive**  
88 **additional training as required by the board and evidenced by receiving a certificate from**  
89 **the board upon completion, and shall display the certification in his or her pharmacy**  
90 **where vaccines are delivered.**

91 **13. A pharmacist shall provide a written report within fourteen days of**  
92 **administration of a vaccine to the patient's primary health care provider, if provided by**  
93 **the patient, containing:**

94 **(1) The identity of the patient;**

95 **(2) The identity of the vaccine or vaccines administered;**

96 **(3) The route of administration;**

97 **(4) The anatomic site of the administration;**

98 **(5) The dose administered; and**

99 **(6) The date of administration.**

338.020. 1. Every person who shall hereafter desire to be licensed as a pharmacist shall  
2 file with the board of pharmacy an application setting forth his name and age, the place, or  
3 places, at which and the time spent in the study of the science and art of pharmacy, and the  
4 practical experience which the applicant has had under the direction of a legally licensed  
5 pharmacist, and shall appear at a time and place designated by the board of pharmacy and submit  
6 to an examination as to his qualifications for registration as a licensed pharmacist. Each  
7 application shall contain a statement that it is made under oath or affirmation and that its  
8 representations are true and correct to the best knowledge and belief of the person signing same,  
9 subject to the penalties of making a false affidavit or declaration.

10 **2. So long as the person involved does not represent or hold himself or herself out**  
11 **as a pharmacist licensed to practice in this state, a Missouri pharmacist license shall not**  
12 **be required for a legally qualified pharmacist serving in the armed forces of the United**  
13 **States, or a legally qualified pharmacist employed by the government of the United States**

14 **or any bureau, division, or agency thereof, who is engaged in the practice of pharmacy**  
15 **while in the discharge of his or her official duties.**

338.059. 1. It shall be the duty of a licensed pharmacist or a physician to affix or have  
2 affixed by someone under the pharmacist's or physician's supervision a label to each and every  
3 container provided to a consumer in which is placed any prescription drug upon which is typed  
4 or written the following information:

- 5 (1) The date the prescription is filled;
- 6 (2) The sequential number **or other unique identifier**;
- 7 (3) The patient's name;
- 8 (4) The prescriber's directions for usage;
- 9 (5) The prescriber's name;
- 10 (6) The name and address of the pharmacy;
- 11 (7) The exact name and dosage of the drug dispensed;
- 12 (8) There may be one line under the information provided in subdivisions (1) to (7) of  
13 this subsection stating "Refill" with a blank line or squares following or the words "No Refill";
- 14 (9) When a generic substitution is dispensed, the name of the manufacturer or an  
15 abbreviation thereof shall appear on the label or in the pharmacist's records as required in section  
16 338.100.

17 2. The label of any drug which is sold at wholesale in this state and which requires a  
18 prescription to be dispensed at retail shall contain the name of the manufacturer, expiration date,  
19 if applicable, batch or lot number and national drug code.

**338.165. 1. As used in this section, the following terms mean:**

- 2 (1) **"Board"**, the Missouri board of pharmacy;
- 3 (2) **"Hospital"**, a hospital as defined in section 197.020;
- 4 (3) **"Hospital clinic or facility"**, a clinic or facility under the common control,  
5 management, or ownership of the same hospital or hospital system;
- 6 (4) **"Medical staff committee"**, the committee or other body of a hospital or hospital  
7 system responsible for formulating policies regarding pharmacy services and medication  
8 management;
- 9 (5) **"Medication order"**, an order for a legend drug or device that is:
  - 10 (a) **Authorized or issued by an authorized prescriber acting within the scope of his**  
11 **or her professional practice or pursuant to a protocol or standing order approved by the**  
12 **medical staff committee; and**
  - 13 (b) **To be distributed or administered to the patient by a health care practitioner**  
14 **or lawfully authorized designee at a hospital or a hospital clinic or facility;**

15           **(6) "Patient", an individual receiving medical diagnosis, treatment, or care at a**  
16 **hospital or a hospital clinic or facility.**

17           **2. The department of health and senior services shall have sole authority and**  
18 **responsibility for the inspection and licensure of hospitals as provided by chapter 197**  
19 **including, but not limited to, all parts, services, functions, support functions and activities**  
20 **which contribute directly or indirectly to patient care of any kind whatsoever. However,**  
21 **the board may inspect a class B pharmacy or any portion thereof that is not under the**  
22 **inspection authority vested in the department of health and senior services by chapter 197**  
23 **to determine compliance with this chapter or the rules of the board. This section shall not**  
24 **be construed to bar the board from conducting an investigation pursuant to a public or**  
25 **governmental complaint to determine compliance by an individual licensee or registrant**  
26 **of the board with any applicable provisions of this chapter or the rules of the board.**

27           **3. The department of health and senior services shall have authority to promulgate**  
28 **rules in conjunction with the board governing medication distribution and the provision**  
29 **of medication therapy services by a pharmacist at or within a hospital. Rules may include,**  
30 **but are not limited to, medication management, preparation, compounding,**  
31 **administration, storage, distribution, packaging and labeling. Until such rules are jointly**  
32 **promulgated, hospitals shall comply with all applicable state law and department of health**  
33 **and senior services rules governing pharmacy services and medication management in**  
34 **hospitals. The rulemaking authority granted herein to the department of health and senior**  
35 **services shall not include the dispensing of medication by prescription.**

36           **4. All pharmacists providing medication therapy services shall obtain a certificate**  
37 **of medication therapeutic plan authority as provided by rule of the board. Medication**  
38 **therapy services may be provided by a pharmacist for patients of a hospital pursuant to**  
39 **a protocol with a physician as required by section 338.010 or pursuant to a protocol**  
40 **approved by the medical staff committee.**

41           **5. Medication may be dispensed by a class B hospital pharmacy pursuant to a**  
42 **prescription or a medication order.**

43           **6. A drug distributor license shall not be required to transfer medication from a**  
44 **class B hospital pharmacy to a hospital clinic or facility for patient care or treatment.**

45           **7. Medication dispensed by a hospital to a hospital patient for use or administration**  
46 **outside of the hospital under a medical staff-approved protocol for medication therapy**  
47 **shall be dispensed only by a prescription order for medication therapy from an individual**  
48 **physician for a specific patient.**

49           **8. This section shall not be construed to preempt any law or rule governing**  
50 **controlled substances.**

51           **9. Any rule, as that term is defined in section 536.010, that is created under the**  
52 **authority delegated in this section shall only become effective if it complies with and is**  
53 **subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This**  
54 **section and chapter 536 are nonseverable, and if any of the powers vested with the general**  
55 **assembly under chapter 536 to review, to delay the effective date, or to disapprove and**  
56 **annul a rule are subsequently held unconstitutional, then the grant of rulemaking**  
57 **authority and any rule proposed or adopted after August 28, 2014, shall be invalid and**  
58 **void.**

59           **10. The board shall appoint an advisory committee to review and make**  
60 **recommendations to the board on the merit of all rules and regulations to be jointly**  
61 **promulgated by the board and the department of health and senior services pursuant to**  
62 **the joint rulemaking authority granted by this section. The advisory committee shall**  
63 **consist of:**

64           **(1) Two representatives designated by the Missouri Hospital Association, one of**  
65 **whom shall be a pharmacist;**

66           **(2) One pharmacist designated by the Missouri Society of Health System**  
67 **Pharmacists;**

68           **(3) One pharmacist designated by the Missouri Pharmacy Association;**

69           **(4) One pharmacist designated by the department of health and senior services**  
70 **from a hospital with a licensed bed count that does not exceed fifty beds or from a critical**  
71 **access hospital as defined by the department of social services for purposes of MO**  
72 **HealthNet reimbursement;**

73           **(5) One pharmacist designated by the department of health and senior services**  
74 **from a hospital with a licensed bed count that exceeds two hundred beds; and**

75           **(6) One pharmacist designated by the board with experience in the provision of**  
76 **hospital pharmacy services.**

77           **11. Nothing in this section shall be construed to limit the authority of a licensed**  
78 **health care provider to prescribe, administer, or dispense medications and treatments**  
79 **within the scope of their professional practice.**

338.220. 1. It shall be unlawful for any person, copartnership, association, corporation  
2 or any other business entity to open, establish, operate, or maintain any pharmacy as defined by  
3 statute without first obtaining a permit or license to do so from the Missouri board of pharmacy.  
4 A permit shall not be required for an individual licensed pharmacist to perform nondispensing  
5 activities outside of a pharmacy, as provided by the rules of the board. A permit shall not be  
6 required for an individual licensed pharmacist to administer drugs, vaccines, and biologicals by

7 protocol, as permitted by law, outside of a pharmacy. The following classes of pharmacy permits  
8 or licenses are hereby established:

- 9 (1) Class A: Community/ambulatory;
- 10 (2) Class B: Hospital [outpatient] pharmacy;
- 11 (3) Class C: Long-term care;
- 12 (4) Class D: Nonsterile compounding;
- 13 (5) Class E: Radio pharmaceutical;
- 14 (6) Class F: Renal dialysis;
- 15 (7) Class G: Medical gas;
- 16 (8) Class H: Sterile product compounding;
- 17 (9) Class I: Consultant services;
- 18 (10) Class J: Shared service;
- 19 (11) Class K: Internet;
- 20 (12) Class L: Veterinary;
- 21 (13) Class M: Specialty (bleeding disorder);
- 22 (14) Class N: Automated dispensing system (health care facility);
- 23 (15) Class O: Automated dispensing system (ambulatory care);
- 24 (16) Class P: Practitioner office/clinic.

25 2. Application for such permit or license shall be made upon a form furnished to the  
26 applicant; shall contain a statement that it is made under oath or affirmation and that its  
27 representations are true and correct to the best knowledge and belief of the person signing same,  
28 subject to the penalties of making a false affidavit or declaration; and shall be accompanied by  
29 a permit or license fee. The permit or license issued shall be renewable upon payment of a  
30 renewal fee. Separate applications shall be made and separate permits or licenses required for  
31 each pharmacy opened, established, operated, or maintained by the same owner.

32 3. All permits, licenses or renewal fees collected pursuant to the provisions of sections  
33 338.210 to 338.370 shall be deposited in the state treasury to the credit of the Missouri board of  
34 pharmacy fund, to be used by the Missouri board of pharmacy in the enforcement of the  
35 provisions of sections 338.210 to 338.370, when appropriated for that purpose by the general  
36 assembly.

37 4. Class L: veterinary permit shall not be construed to prohibit or interfere with any  
38 legally registered practitioner of veterinary medicine in the compounding, administering,  
39 prescribing, or dispensing of their own prescriptions, or medicine, drug, or pharmaceutical  
40 product to be used for animals.

41           5. Except for any legend drugs under 21 U.S.C. Section 353, the provisions of this  
42 section shall not apply to the sale, dispensing, or filling of a pharmaceutical product or drug used  
43 for treating animals.

44           **6. A "class B hospital pharmacy" shall be defined as a pharmacy owned, managed,**  
45 **or operated by a hospital as defined by section 197.020 or a clinic or facility under common**  
46 **control, management or ownership of the same hospital or hospital system. This section**  
47 **shall not be construed to require a class B hospital pharmacy permit or license for hospitals**  
48 **solely providing services within the practice of pharmacy under the jurisdiction of, and the**  
49 **licensure granted by, the department of health and senior services under chapter 197.**

50           **7. Upon application to the board, any hospital that holds a pharmacy permit or**  
51 **license on the effective date of this section shall be entitled to obtain a class B pharmacy**  
52 **permit or license without fee, provided such application shall be submitted to the board on**  
53 **or before January 1, 2015.**

          346.010. As used in sections 346.010 to 346.250, except as the context may require  
2 otherwise, the following terms mean:

- 3           (1) "Audiologist", a clinical audiologist licensed pursuant to chapter 345;
- 4           (2) "Board", the Missouri board of examiners for hearing instrument specialists, which  
5 is established in section 346.120;
- 6           (3) "Department", the department of insurance, financial institutions and professional  
7 registration;
- 8           (4) "Division", the division of professional registration;
- 9           (5) "Hearing instrument" or "hearing aid", any wearable instrument or device designed  
10 for or offered for the purpose of aiding or compensating for impaired human hearing and **that**  
11 **can provide more than fifteen decibel full-on gain via a two cc coupler at any single**  
12 **frequency from two hundred through six thousand cycles per second, and** any parts,  
13 attachments, or accessories, including earmold, but excluding batteries, cords, receivers and  
14 repairs;
- 15           (6) "Hearing instrument specialist" or "specialist", a person licensed by the state pursuant  
16 to sections 346.010 to 346.250 who is authorized to engage in the practice of fitting hearing  
17 instruments;
- 18           (7) "Hearing instrument specialist in-training", a person who holds a temporary permit  
19 issued by the division to fit hearing instruments under the supervision of a hearing instrument  
20 specialist;
- 21           (8) "License", a license issued by the state under sections 346.010 to 346.250 to hearing  
22 instrument specialists;

23 (9) "Otolaryngologist", a person licensed to practice medicine and surgery in the state  
24 of Missouri pursuant to chapter 334 and who spends the majority of the person's practice seeing  
25 patients with ear, nose, and throat diseases;

26 (10) "Person", an individual, corporation, partnership, joint venture, association, trust  
27 or any other legal entity;

28 (11) "Practice of fitting hearing instruments", the selection, adaptation, and sale of  
29 hearing instruments, including the testing and evaluation of hearing by means of an audiometer  
30 and the making of impressions for earmolds;

31 (12) "Registration of supervision", the process of obtaining a certificate of authority  
32 issued by the division to a hearing instrument specialist that enables the specialist to supervise  
33 one or more hearing instrument specialists in-training, as defined by division rules;

34 (13) "Sell or sale", any transfer of title or of the right to use by lease, bailment, or any  
35 other contract, excluding wholesale transactions with distributors or dealers;

36 (14) "Supervised training", the program of education and experience, as defined by  
37 division rule, required to be followed by each hearing instrument specialist in-training;

38 (15) "Supervisor", a hearing instrument specialist who has filed a registration of  
39 supervision with the board and has received from the division a certificate of authority;

40 (16) "Temporary permit", a permit issued by the division while the applicant is in  
41 training to become a licensed hearing instrument specialist.

346.055. 1. An applicant may obtain a license [by successfully passing a qualifying  
2 examination of the type described in sections 346.010 to 346.250,] provided the applicant:

3 (1) Is at least eighteen years of age; and

4 (2) Is of good moral character; and

5 (3) **Successfully passes a qualifying examination as described under sections**  
6 **346.010 to 346.250; and**

7 (4) (a) Holds an associate's degree or higher, from a state or regionally accredited  
8 institution of higher education, in hearing instrument sciences; or

9 (b) Holds an associate's level degree or higher, from a state or regionally accredited  
10 institution of higher education[,] and submits proof of completion of the International Hearing  
11 Society's Distance Learning for Professionals in Hearing Health Sciences [course, and submits  
12 proof of completion of the Hearing Instrument Specialists in Training program as established by  
13 the Board of Examiners for Hearing Instrument Specialists] **Course**; or

14 (c) Holds a master's or doctoral degree in audiology from a state or regionally accredited  
15 institution; or

16 (d) Holds a current, unsuspended, unrevoked license from another jurisdiction if the  
17 standards for licensing in such other jurisdiction, as determined by the board, are substantially

18 equivalent to or exceed those required in paragraph (a) or (b) of subdivision [(3)] (4) of this  
19 subsection; or

20 (e) Holds a current, unsuspended, unrevoked license from another jurisdiction, has been  
21 actively practicing as a licensed hearing aid fitter or dispenser in another jurisdiction for no less  
22 than forty-eight of the last seventy-two months, and submits proof of completion of advance  
23 certification from either the International Hearing Society or the National Board for Certification  
24 in Hearing Instrument Sciences.

25 2. The provisions of subsection 1 of this section shall not apply to any person holding  
26 a valid Missouri hearing instrument specialist license under this chapter when applying for the  
27 renewal of that license. These provisions shall apply to any person holding a hearing instrument  
28 specialist-in-training permit at the time of their application for licensure or renewal of said  
29 permit.

30 3. (1) The board shall promulgate reasonable standards and rules for the evaluation of  
31 applicants for purposes of determining the course of instruction and training required of each  
32 applicant for a hearing instrument specialist license under the requirement of subdivision (3) of  
33 subsection 1 of this section.

34 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
35 under the authority delegated in this section shall become effective only if it complies with and  
36 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section  
37 and chapter 536 are nonseverable and if any of the powers vested with the general assembly  
38 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule  
39 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule  
40 proposed or adopted after August 28, 2013, shall be invalid and void.

**Section 1. 1. As used in this section, the following terms shall mean:**

2 (1) "Assistant physician", a person licensed to practice under section 334.036 in a  
3 collaborative practice arrangement under section 334.037;

4 (2) "Department", the department of health and senior services;

5 (3) "Medically underserved area":

6 (a) An area in this state with a medically underserved population;

7 (b) An area in this state designated by the United States secretary of health and  
8 human services as an area with a shortage of personal health services;

9 (c) A population group designated by the United States secretary of health and  
10 human services as having a shortage of personal health services;

11 (d) An area designated under state or federal law as a medically underserved  
12 community; or

13 (e) An area that the department considers to be medically underserved based on  
14 relevant demographic, geographic, and environmental factors;

15 (4) "Primary care", physician services in family practice, general practice, internal  
16 medicine, pediatrics, obstetrics, or gynecology;

17 (5) "Start-up money", a payment made by a county or municipality in this state  
18 which includes a medically underserved area for reasonable costs incurred for the  
19 establishment of a medical clinic, ancillary facilities for diagnosing and treating patients,  
20 and payment of physicians, assistant physicians, and any support staff.

21 2. (1) The department shall establish and administer a program under this section  
22 to increase the number of medical clinics in medically underserved areas. A county or  
23 municipality in this state that includes a medically underserved area may establish a  
24 medical clinic in the medically underserved area by contributing start-up money for the  
25 medical clinic and having such contribution matched wholly or partly by grant moneys  
26 from the medical clinics in medically underserved areas fund established in subsection 3  
27 of this section. The department shall seek all available moneys from any source  
28 whatsoever, including, but not limited to, moneys from the Missouri Foundation for Health  
29 to assist in funding the program.

30 (2) A participating county or municipality that includes a medically underserved  
31 area may provide start-up money for a medical clinic over a two-year period. The  
32 department shall not provide more than one hundred thousand dollars to such county or  
33 municipality in a fiscal year unless the department makes a specific finding of need in the  
34 medically underserved area.

35 (3) The department shall establish priorities so that the counties or municipalities  
36 which include the neediest medically underserved areas eligible for assistance under this  
37 section are assured the receipt of a grant.

38 3. (1) There is hereby created in the state treasury the "Medical Clinics in  
39 Medically Underserved Areas Fund", which shall consist of any state moneys  
40 appropriated, gifts, grants, donations, or any other contribution from any source for such  
41 purpose. The state treasurer shall be custodian of the fund. In accordance with sections  
42 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a  
43 dedicated fund and, upon appropriation, money in the fund shall be used solely for the  
44 administration of this section.

45 (2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys  
46 remaining in the fund at the end of the biennium shall not revert to the credit of the  
47 general revenue fund.

48           **(3) The state treasurer shall invest moneys in the fund in the same manner as other**  
49 **funds are invested. Any interest and moneys earned on such investments shall be credited**  
50 **to the fund.**

51           **4. To be eligible to receive a matching grant from the department, a county or**  
52 **municipality that includes a medically underserved area shall:**

53           **(1) Apply for the matching grant; and**

54           **(2) Provide evidence satisfactory to the department that it has entered into an**  
55 **agreement or combination of agreements with a collaborating physician or physicians for**  
56 **the collaborating physician or physicians and assistant physician or assistant physicians**  
57 **in accordance with a collaborative practice arrangement under section 334.037 to provide**  
58 **primary care in the medically underserved area for at least two years.**

59           **5. The department shall promulgate rules necessary for the implementation of this**  
60 **section, including rules addressing:**

61           **(1) Eligibility criteria for a medically underserved area;**

62           **(2) A requirement that a medical clinic utilize an assistant physician in a**  
63 **collaborative practice arrangement under section 334.037;**

64           **(3) Minimum and maximum county or municipality contributions to the start-up**  
65 **money for a medical clinic to be matched with grant moneys from the state;**

66           **(4) Conditions under which grant moneys shall be repaid by a county or**  
67 **municipality for failure to comply with the requirements for receipt of such grant moneys;**

68           **(5) Procedures for disbursement of grant moneys by the department;**

69           **(6) The form and manner in which a county or municipality shall make its**  
70 **contribution to the start-up money; and**

71           **(7) Requirements for the county or municipality to retain interest in any property,**  
72 **equipment, or durable goods for seven years including, but not limited to, the criteria for**  
73 **a county or municipality to be excused from such retention requirement.**

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